

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET
NUMBER: 2018 - 253 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print) FOUAD FAKHOURY
Submitted by:

Telephone: (843)666-4597

Address: 1507 WESTCHASE DR

Fax: (843)718-2455

CHARLESTON

Other:

SOUTH CAROLINA

Email: firstclasslimosc@aol.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input checked="" type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

RECEIVED
JUL 30 2018
PSC SC
CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

js

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER

Date: _____

CLASS C - CHARTER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

Limousine

1. 1ST CLASS ~~HEMOUSINE~~ NJ LLC
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

1507 WESTCHASE DR , CHARLESTON , SC ,29407

Street Address of Applicant

Mailing Address of Applicant (if different from street address)

(843)666-4597

Phone

(843)718-2455

Fax

firstclasslimosc@aol.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☒ Individual Owner/Sole Proprietorship
☐ Partnership - List names and addresses of all person having an interest in the business.
☐ Corporation - List names and addresses of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

Assets:		Liabilities:	
Value of Real Estate	0	Mortgage/Loan on Real Estate	0
Value of Motor Vehicles	32,000	Loans Owed on Motor Vehicles	18,000
Cash on Hand	3500	Business/Other Loans Owed	0
Cash in Bank	4000	Other Liabilities or Debts	5000
Value of Other Assets and Equipment	6000	Total Liabilities	23,000
Total Assets	45,500		

INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

PROPOSED RATES AND CHARGES FOR SERVICEProposed Rates and Charges:**\$1800**

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.
 You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- | | | | | |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Florence | <input type="checkbox"/> Lee | <input type="checkbox"/> Saluda |
| <input type="checkbox"/> Aiken | <input type="checkbox"/> Chester | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington | <input type="checkbox"/> Spartanburg |
| <input type="checkbox"/> Allendale | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion | <input type="checkbox"/> Sumter |
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Clarendon | <input type="checkbox"/> Greenwood | <input type="checkbox"/> Marlboro | <input type="checkbox"/> Union |
| <input type="checkbox"/> Bamberg | <input type="checkbox"/> Colleton | <input type="checkbox"/> Hampton | <input type="checkbox"/> McCormick | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell | <input type="checkbox"/> Darlington | <input type="checkbox"/> Horry | <input type="checkbox"/> Newberry | <input type="checkbox"/> York |
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> Dillon | <input type="checkbox"/> Jasper | <input type="checkbox"/> Oconee | |
| <input type="checkbox"/> Berkeley | <input type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Edgefield | <input type="checkbox"/> Lancaster | <input type="checkbox"/> Pickens | |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield | <input type="checkbox"/> Laurens | <input type="checkbox"/> Richland | |

INSURANCE QUOTE

This form MUST BE COMPLETED.

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. **THIS IS ONLY A QUOTE.**

The following insurance quote is for:

1ST CLASS LIMOUSINE NJ LLC

Name of Applicant

1507 WESTCHASE DR , CHARLESTON , SC 29407

Address of Applicant

Amount of Premium:

Limits Quoted: (See Below)

Liability Insurance \$ 4000

Limits 500,000

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

1-7 Passengers* \$ 25,000/50,000/25,000

* Passengers = Number of seatbelts in the vehicle,
including the driver's seatbelt

8-15 Passengers* \$ 25,000/100,000/25,000

STATE FARM INSURANCE

Name of Insurance Company

CHARLESTON , SC 29407

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit Fit, Willing, and Able (FWA)**FOUAD FAKHOURY**

Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?

☐ Yes☒ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes☐ No

Exhibit on Driver Qualifications

1. Applicant understands that all drivers must be a minimum of 18 years of age.

☒ Yes

☐ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.

☒ Yes

☐ No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.

☒ Yes

☐ No

4. Applicant understands that all drivers operating a vehicle under a Class C Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.

☒ Yes

☐ No

5. Applicant understands that all Class C Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

☒ Yes

☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

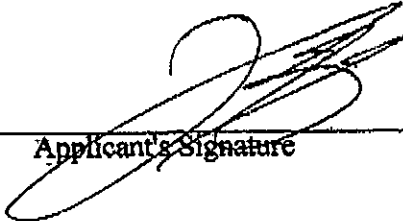
Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

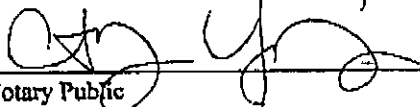
The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.


Applicant's Signature

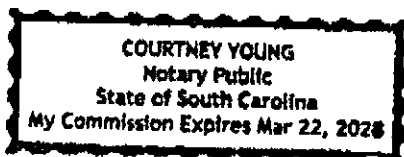
OWNER
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)
COUNTY OF Berkeley)

SWORN TO BEFORE ME
This 30 day of July, 2018


Notary Public

Commission Expires 3/22/28



Print Application

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

1ST CLASS LIMOUSINE NJ LLC,

a limited liability company duly organized under the laws of the State of South Carolina on July 12th, 2018, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal
of the State of South Carolina this 27th day
of July, 2018.

Mark Hammond
Mark Hammond, Secretary of State

STATE OF SOUTH CAROLINA
SECRETARY OF STATE

ARTICLES OF CORRECTION
LIMITED LIABILITY COMPANY

The limited liability company in accordance with Section 33-44-207 of the 1976 S.C. Code of Laws, as amended
corrects a record filed by the Secretary of State, which record contains a false or erroneous statement or was
defectively signed.

1. The name of the limited liability company is:

1st class limousine LLC

2. That on 07/19/2018 the corporation filed (fill out whichever is applicable):

- a. ☒ The following described document:

ARTICLES OF ORGANIZATIONAL

- b. ☐ The attached document (attach copy of the document).

3. That this document was incorrect in the following manner:

THE BUSINESS NAME WAS LISTED INCORRECTLY

4. That the incorrect matters stated in Paragraph 3 should be revised as follows:

Corrected Entity Name: 1ST CLASS LIMOUSINE NJ LLC
Additional Info: 1ST CLASS LIMOUSINE NJ LLC

Date: 07/19/2018

Signed as Member: FOUAD FAKHOURY

(Signature)

FOUAD FAKHOURY

(Print Name)

Member

(Office)

Form Revised by South Carolina Secretary of State, August 2016
FD036

SC Secretary of State
Mark Hammond

JUL 19 2018
REFERENCE ID: 1807130940146

Filing ID: 180713-0940146

Filing Date: 07/12/2018

STATE OF SOUTH CAROLINA
SECRETARY OF STATE

ARTICLES OF ORGANIZATION
Limited Liability Company - Domestic

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws Section 33-44-202 and Section 33-44-203.

1. The name of the limited liability company (Company ending must be included in name)

1st class limousine LLC

*Note: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "L.L.C.", "LLC", "L.C.", "LC", or "Ltd. Co."

2. The address of the initial designated office of the limited liability company in South Carolina is
1507 Westchase Dr

(Street Address)

Charleston, South Carolina 29407

(City, State, Zip Code)

3. The initial agent for service of process is

Fouad Fakhoury

(Name)

(Signature of Agent)

And the street address in South Carolina for this initial agent for service of process is:
1507 Westchase Dr

(Street Address)

Charleston

South Carolina 29407

(City)

(Zip Code)

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

(a)

Fouad fakhoury

(Name)

1507 Westchase Dr

(Street Address)

Charleston, South Carolina 29407

(City, State, Zip Code)

Form Revised by South Carolina Secretary of State, August 2018
SC Secretary of State
Mark Hammond

Mark Thompson

1st class limousine LLC

Name of Limited Liability Company

(b)

(Name)

(Street Address)

(City, State, Zip Code)

5. ☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. _____
6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.

(a)

(Name)

(Street Address)

(City, State, Zip Code)

(b)

(Name)

(Street Address)

(City, State, Zip Code)

7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under Section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time 07/12/2018

Form Revised by South Carolina Secretary of State, August 2010

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

JUL 18 2018

REFERENCE ID: 1807191038344

[Handwritten signature]

1st class timovaline LLC

Name of Limited Liability Company

9. Any other provisions not consistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.

10. Each organizer listed under number 4 must sign.

Fouad Fakhoury

Signature of Organizer

Date: 07/12/2018

Signature of Organizer

Date: 7/30/18

Form Revised by South Carolina Secretary of State, August 2018

07/30/2018 14:38 FAX 9082222180

FRISTCLASSLIMO

014

1ST CLASS LIMOUSINE NJ LLC
1807 WESTCHASE DR
CHARLESTON, SC 29407-8828

1807 WESTCHASE DR
CHARLESTON
CUSTOMER NO. 1
1ST CLASS LIMOUSINE NJ LLC

PLATE NUMBER	2095MN
PLATE CLASS	GT1
ISSUE DATE	7/19/2018
PLATE EXP.	07/2020
DECAL EXP.	07/2018
VIN	WDZPE8C036847080
YEAR	2014
MAKE	MERZ
BODY	VN
MODEL	SPRN
VEHICLE TYPE	8
EMPTY/GVM	8179 / 8000

SC 284078828 91414844

EXECUTIVE DIRECTOR
KEVIN A. SHWEDD
10
26145241

APPLICATION INSTRUCTIONS

1. Clean plate thoroughly and dry plate completely.
2. Remove backing paper by bending over finger at scoreline.
3. Face up, pull decal slowly.
4. Firmly press and rub decal and edges down with thumb.

PEEL HERE

PLACEMENT INSTRUCTIONS
ON REVERSE

PLEASE NOTE: Make sure all information is correct before placing license plate or decal on your vehicle. South Carolina Code of Law 28-5-400 requires a person convicted of a sex offense to register with the county sheriff within 10 days of establishing residency in the state.

401 AY